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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 25 1998 8:00am Secretary of State

I. Corporation	IMENT on Name IT LIFE, II	# J7655 9 NC.	9	(0)						
Principal Plac	ce of Busines	S	Mailing /	Address					BEI GIDII BIBII UI	JII OTOLI LEAT
P.O. BOX 651466 P.O. BOX 651466										
MIAMI FL 33265				MIAMI FL 33265						
								RITE IN THIS	SPACE	
•							 Date Incorporated or Qualif 06/05/1987 	ea		
2, Principal F	Place of Busin	ness	2a Mailir	ng Address			4. FEI Number	· · · · · ·		oplied For
21			26			65-0012742		 	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional	
22			27	27			5. Certificate of Status Desired		+	equired
City & State			City &	City & State			6, Election Campaign Financin	g	\$5.00	May Be
23		,	28		· /*		Trust Fund Contribution			to Fees
Zip		Country	Zip		Country	1	8. This corporation owes or ha	•		
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0.5			it Hegistereo	Agent	81	Name	10. Name and Address of Nev	/ Hegistered	3 Agent	
		SEPH A., JR.				INAITIO				
10300 S.W. 72 STREET, #470C MIAMI FL 33173				82 Street Add			dress (P.O. Box Number is Not Acce	ptable)		
- IVII	IAMI EL 331	173			83					
					84	City		FI	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.050	2 and 607.150	8, Florida Statu	ites, the above	e-named cor	rporation submits this statement for tation's board of directors. I hereby a		of changing it	ts registered
office or I	registered ac	jent, or both, in the State	of Florida, Suc	ch change was	authorized by	v the corpora	ation's board of directors. I hereby a	ccept the ap	pointment as	registered
agent, La	arn tarninar w	ith, and accept the obliga	ations of Secti	ion 607.0505. F	lorida Statutes	S.		, ,	•	
agent. I a							·			
SIGNATURE		or printed name of registered age	and title if applica	eble. (NO	TE Registered Age		uired when reinstating)	DATE		
			and title if applica	eble. (NO			·	DATE		
SIGNATURE	Signature, typed	or printed name of registered ago OFFICERS ANI	and title if applica	able. (NO	TE Registered Age		uired when reinstating)	DATE	ID DIRECTOR	RS IN 12
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or true receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: